



CITY OF BAY CITY EMPLOYMENT APPLICATION

The City of Bay City Is An Equal Opportunity Employer.

1901 5th STREET

BAY CITY, TX 77414

(979) 245-5311 CITY SECRETARY

(979) 245-6550 PERSONNEL

(979) 323-1681 FAX

The City of Bay City prohibits discrimination in employment because of race, color, religion, creed, gender, national origin, age, disability, sexual orientation, or any other legally protected status.

Please submit a completed and signed City of Bay City Employment application to the City Secretary's Office in person, mail, email, or fax. Incomplete applications will not considered.

Position(s) applying for: _____ **Date:** _____

Name: _____ Social Security #: _____

Address: _____ Telephone #: _____

_____ Mobile #: _____

Have you ever been employed by the City of Bay City before? If so, please provide the dates and position(s) held:

Do you have any relatives, by blood or by marriage, working for the City of Bay City? Yes No

If yes, please explain. _____

Have you ever had your driver license suspended or revoked? Yes No

If yes, please explain. _____

Are you authorized to work in the United States on an unrestricted basis?

(Proof of citizenship or immigration status will be required upon employment. The City of Bay City participates in E-Verify.)

Date available to begin work: _____ Desired salary range: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pled guilty or been convicted of a crime in a civilian or military court? (This does not include a Class "C" misdemeanor traffic violation which are more than three (3) years old.) If you have successfully completed a deferred adjudication or other probated sentence related to that crime, provide the date of completion and location of the court/agency administering the adjudication or probation.

Yes No

If yes, please explain. _____

At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation?

Yes No

If yes, please explain. _____

LICENSE / CERTIFICATION:

List all licenses/certifications (Please include your Identification Card and/or your Driver License.):

Type	Issuing Agency or State	License/Certification Number	Expiration

EDUCATION / TRAINING:

List all levels of education completed, beginning with High School/GED:

School Name / Address of School	Course of Study	Years Completed	Diploma / Degree

Describe any specialized training, apprenticeship, and/or skills: _____

Indicate any foreign languages you can speak, read and/or write: _____

EMPLOYMENT HISTORY:

List below all present and past employment, beginning with the most recent. Please account for periods of unemployment, military services, school, etc. Attach additional pages, if necessary. A resume **WILL NOT** substitute for this application or completing any portion of the application; however, a resume may be attached.

Employer: _____

Address: _____

Dates Employed (Month/Year): _____

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor and Title: _____

May we contact for reference: Yes No

Reason for leaving: _____

Summarize the type of work performed: _____

Employer: _____

Address: _____

Dates Employed (Month/Year): _____

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor and Title: _____

May we contact for reference: Yes No

Reason for leaving: _____

Summarize the type of work performed: _____

Employer: _____

Address: _____

Dates Employed (Month/Year): _____

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor and Title: _____

May we contact for reference: Yes No

Reason for leaving: _____

Summarize the type of work performed: _____

Employer: _____

Address: _____

Dates Employed (Month/Year): _____

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor and Title: _____

May we contact for reference: Yes No

Reason for leaving: _____

Summarize the type of work performed: _____

PROFESSIONAL REFERENCES:

Do not include individuals related to you. Professional references are individuals qualified to describe your capabilities for the position you seek.

Name	Occupation	Phone Number

APPLICANT STATEMENT:

I understand and agree that:

- 1.) Completing this application will in no way assure that I will be employed.
- 2.) This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misinterpretation of information given shall be considered as an act of dishonesty subjecting me to disqualification or discharge when discovered. I will furnish freely such information or documents that may be required to complete my employment file.
- 3.) In consideration of my being considered for employment and/or being employed I hereby agree to submit to a pre-employment physical examination and pre-employment drug test and any other applicable job related testing or screening that is required as a condition of employment by the City, and I do hereby release and assign unto the City of Bay City, all rights, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and test and waive all rights to be advised on the consent of said records and reports or to receive copies thereof, without the prior written consent of the City of Bay City. The City of Bay City also conducts drug and alcohol testing in accordance with the adopted policy.
- 4.) If employed, I agree to conform to the rules and regulations of the City and that my employment will or sufferance of the City subject to termination without recourse at any time for any or no reason.
- 5.) I authorize the release of my education records by an educational agency or institution, which I have attended and secure a credit report including information as to my character, general reputation, personal characteristics, and mode of living. I may receive the name of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report within five days following the date of my written request to receive the same.
- 6.) I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Bay City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive.

Signature

Date

Driving Safety Services

Authorization of Release

Driving Record / Criminal History Social Security Number Verification

Company Name: _____

Contact: _____

Email Address: _____

Fax: _____

INSTRUCTIONS: The following release is to be signed by the applicant or employee so a Motor Vehicle Report (MVR) and a Criminal History Report (CHR) and a Social Security Verification (SSV) request may be submitted. A MVR will be requested from the State that issued the individual's driver's license prior to employment and, once hired, requested annually thereafter. [49 CFR 391.23, 391.25],

The request for a MVR, CHR, and SSV which is a consumer report, will be made in accordance with Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D Chapter 1 of Public Law 104-208).

In connection with my application for employment, promotion, reassignment, retention or contract for services understood that a Motor Vehicle Report (MVR) Criminal History Report (CHR) and a Social Security Validation (SSV) will be requested concerning my driving record Criminal Back Ground and the validity of my status with the Social Security Administration.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.

I authorize without reservation any party or agency to furnish a MVR, CHR or SSV for purposes of investigation as required by the Company If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR, CHR, SSV at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR CHR, SSV the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two year period preceding my request.

Name (First, M.I., Last) Print

Signature

Date

Date of Birth

SS#

DL#

Issuing State

Driving Safety Services

Please provide a copy of the Driver License, Identification card, Social Security Card.

Mar-11

ADMINISTRATION USE ONLY:

Date of Interview: _____

Time of Interview: _____

Person Conducting Interview: _____

Location of Interview: _____

1st Attempt to Contact: _____

2nd Attempt to Contact: _____

3rd Attempt to Contact: _____

Position Offered? Yes No

Position Offered Title: _____